CHAPTER 2
SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME:	AMOUNT PATIENT COST-SHARE (2-200)		
VALIDITY EDITS			
2-200-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
2-200-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF $1,000,000.00.		
2-200-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO		
2-200-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO		

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN SECTION 2.5.
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)		
VALIDITY EDITS			
2-205-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
2-205-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF $1,000,000.00.		
2-205-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO		
2-205-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO		

ELEMENT NAME:	AMOUNT INTEREST PAYMENT (2-210)		
VALIDITY EDITS			
2-210-01V	MUST BE NUMERIC		
RELATIONAL EDITS			
2-210-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN AMOUNT INTEREST PAYMENT MUST BE ≥ ZERO		
2-210-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN AMOUNT INTEREST PAYMENT MUST = ZERO		
2-210-03R	IF AMOUNT INTEREST PAYMENT ≠ ZERO		
	THEN REASON FOR INTEREST PAYMENT MUST =	A	CLAIMS PENDED AT GOVERNMENT DIRECTION **OR**
		B	CLAIMS REQUIRING GOVERNMENT INTERVENTION **OR**
		C	CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL **OR**
		D	CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR **OR**
		E	CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES
2-210-04R	IF FILING STATE/COUNTRY CODE = A FOREIGN COUNTRY **EXCEPT** FOR PUERTO RICO (PRI)		
	THEN AMOUNT INTEREST PAYMENT MUST BE = ZERO		

ELEMENT NAME:	REASON FOR INTEREST PAYMENT (2-215)			
VALIDITY EDITS				
2-215-01V	MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (REFER TO CHAPTER 2, SECTION 2.8)			
RELATIONAL EDITS				
2-215-01R	IF REASON FOR INTEREST PAYMENT =	A	CLAIMS PENDED AT GOVERNMENT DIRECTION **OR**	
		B	CLAIMS REQUIRING GOVERNMENT INTERVENTION **OR**	
		C	CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL **OR**	
		D	CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR **OR**	
		E	CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES	

THEN AMOUNT INTEREST PAYMENT MUST $\neq$ ZERO

ELEMENT NAME:	ADJUSTMENT/DENIAL REASON CODE (2-220)		
VALIDITY EDITS			
2-220-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO CHAPTER 2, ADDENDUM H).		
RELATIONAL EDITS			
2-220-01R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN ALL OCCURRENCE/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN FIGURE 2-H-1 **OR** FIGURE 2-H-2		
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN FIGURE 2-H-1, FOR THAT OCCURRENCE/LINE ITEM		
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
2-220-03R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN FIGURE 2-H-1, FOR THAT OCCURRENCE/LINE ITEM		
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ZERO		
	AND TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME:	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (2-225)
VALIDITY EDITS	
2-225-01V	MUST BE BLANK FILLED.
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	PROVIDER GROUP NPI NUMBER (RESERVED) (2-230)
VALIDITY EDITS	
2-230-01V	MUST BE BLANK FILLED.
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	PROVIDER STATE OR COUNTRY CODE (2-235)
VALIDITY EDITS	
2-235-01V	VALUE MUST BE A VALID STATE (REFER TO CHAPTER 2, ADDENDUM B) **OR** COUNTRY CODE (REFER TO ADDENDUM A).
2-235-02V	ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS RECORD MUST BE **ALL** CONUS OR **ALL** OCONUS.
RELATIONAL EDITS	
2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD[1] IN THE PROVIDER FILE.

[1] THE "CORRESPONDING RECORD" IS BASED ON CARE DATES, NON-INSTITUTIONAL PROVIDER KEY, PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION.

ELEMENT NAME:	PROVIDER TAXPAYER NUMBER (2-240)		
VALIDITY EDITS			
2-240-01V	MUST BE NUMERIC		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE		
	AND LAST 6 POSITIONS MUST BE NUMERIC)		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE		
	AND FOURTH POSITION MUST BE = 'A'		
	AND LAST 5 POSITIONS MUST BE NUMERIC)		
RELATIONAL EDITS			
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS **OR**
		52	THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED **OR**
		B7	THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **OR**
		FS	TFL (SECOND PAYOR) **OR**

ELEMENT NAME:	PROVIDER TAXPAYER NUMBER (2-240) (CONTINUED)		
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION I.E. MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND** BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ZERO		
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF PROVIDER SPECIALTY =		172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
			344600000X (TAXI)
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS & SUPPLIES
	AND PROVIDER PARTICIPATING INDICATOR =	N	NO
	THEN PROVIDER SPECIALTY MUST =		333600000X (PHARMACY)
	AND DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
2-240-01R	IF AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE		
	THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST AGREE WITH THE TED RECORD TYPE.		
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES		
	THEN PROVIDER SPECIALTY MUST =		172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
			344600000X (TAXI)
	AND PROVIDER PARTICIPATION INDICATOR **MUST** = 'N' (NO)		
2-240-03R	PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES.		
	UNLESS PROVIDER SPECIALTY =		172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
			344600000X (TAXI)
	AND PROVIDER PARTICIPATION INDICATOR =	N	NO
2-240-04R	PROVIDER MUST MATCH A NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER **AND** PROVIDER MUST BE CERTIFIED (USE PROVIDER ACCEPTANCE DATE(S) AND PROVIDER TERMINATION DATE(S)) TO PROVIDE SERVICES ON THE DATE(S) OF CARE ON THE CLAIM		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER
	THEN PROVIDER MUST MATCH A NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER **AND** ACCEPTANCE AND TERMINATION DATES MUST = ZERO		

ELEMENT NAME:	PROVIDER SUB-IDENTIFIER (2-245)
VALIDITY EDITS	
2-245-01V	MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC
	OR FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC
	OR ALL FOUR NUMERIC
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	PROVIDER ZIP CODE (2-250)	
VALIDITY EDITS		
2-250-01V	MUST BE A VALID ZIP CODE; EITHER 9 DIGITS,	
	OR 5 DIGITS (NOT 5 ZEROES, **OR** NINES) FOLLOWED BY 4 BLANKS,	
	OR 3 CHARACTERS[1] FOLLOWED BY 6 BLANKS,	
	OR ALL BLANKS.	
	MUST **NOT** BE ALL ZEROES, **OR** ALL NINES.	
RELATIONAL EDITS		
2-250-01R	IF PROVIDER ZIP CODE = BLANKS	
	THEN PROVIDER SPECIALTY MUST =	172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
		344600000X (TAXI)
2-250-02R	IF PROVIDER SPECIALTY ≠	172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
		344600000X (TAXI)
	THEN PROVIDER ZIP CODE ≠ BLANKS.	

PROVIDER FILE.
[1] **WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.**

ELEMENT NAME:	PROVIDER SPECIALTY (2-255)			
VALIDITY EDITS				
2-255-01V	THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO CHAPTER 2, ADDENDUM C).			
RELATIONAL EDITS				
2-255-01R	IF PROVIDER SPECIALTY =			172A00000X (OTHER SERVICE PROVIDERS DRIVER) **OR**
				344600000X (TAXI)
	THEN PROVIDER TAXPAYER NUMBER MUST BE ALL NINES.			
	AND ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		PF	PFPWD
2-255-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		6	HHC
	THEN PROVIDER SPECIALTY MUST ≠			203BS0123X (PHYSICIANS/ALLOPATHIC OSTEOPATHIC/SURGERY, FACIAL PLASTIC) **OR**
				111N (CHIROPRACTOR-FIRST 4 POSITIONS) **OR**
				213E (PODIATRIC MEDICINE AND SURGERY SERVICE PROVIDERS PODIATRIST-FIRST 4 POSITIONS) **OR**
				203BS0101X (PHYSICIAN/ALLOPATHIC OSTEOPATH SURGERY, COLON & RECTAL SURGERY) **OR**
				367500000X (PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSING PROVIDERS/NURSE ANESTHETIST, CERTIFIED REGISTERED) **OR**
				363A (PHYSICIAN'S ASSISTANT AND ADVANCED PRACTICE NURSING PROVIDERS -FIRST 4 POSITIONS) **OR**
				374T00000X (NURSING SERVICE RELATED PROVIDERS CHRISTIAN SCIENCE PRACTITIONER/NURSE) **OR**
				366B00000X (PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSING PROVIDERS MIDWIFE, CERTIFIED)
2-255-03R	IF PROVIDER SPECIALTY =			333600000X (PHARMACY)
	THEN TYPE OF SERVICE (SECOND POSITION) =		B	RETAIL DRUGS & SUPPLIES
2-255-04R	IF PROVIDER SPECIALTY =			183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
	THEN TYPE OF SERVICE (SECOND POSITION) =		M	MAIL ORDER PHARMACY DRUGS & SUPPLIES

ELEMENT NAME:	PROVIDER PARTICIPATION INDICATOR (2-260)		
VALIDITY EDITS			
2-260-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.		
RELATIONAL EDITS			
2-260-01R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	S	RESOURCE SHARING
	THEN PROVIDER PARTICIPATION INDICATOR MUST =	Y	YES

ELEMENT NAME:	PROVIDER NETWORK STATUS INDICATOR (2-265)
VALIDITY EDITS	
2-265-01V	MUST BE ONE OF THE FOLLOWING VALUES '1' (NETWORK PROVIDER) **OR** '2' (NON-NETWORK PROVIDER).
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	PHYSICIAN REFERRAL NUMBER (2-270)
VALIDITY EDITS	
	NONE
RELATIONAL EDITS	
	NONE

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	Pʟᴀᴄᴇ Oғ Sᴇʀᴠɪᴄᴇ (2-275)		
Vᴀʟɪᴅɪᴛʏ Eᴅɪᴛs			
2-275-01V	VALUE MUST BE A VALID PLACE OF SERVICE.		
Rᴇʟᴀᴛɪᴏɴᴀʟ Eᴅɪᴛs			
2-275-01R	IF ADJUSTMENT/DENIAL REASON CODE IS **NOT** A CODE LISTED IN FIGURE 2-H-1 **OR** FIGURE 2-H-2		
	THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO CHAPTER 2, ADDENDUM G.		
2-275-03R	IF CA/NAS EXCEPTION REASON =	5	RTC
	THEN PLACE OF SERVICE MUST =	56	RTC
2-275-04R	IF CA/NAS EXCEPTION REASON =	7	STF
	THEN PLACE OF SERVICE MUST =	55	STF
2-275-05R	IF CA/NAS EXCEPTION REASON =	3	COLLEGE INFIRMARY
	THEN PLACE OF SERVICE MUST =	99	OTHER LOCATIONS
2-275-06R	IF PLACE OF SERVICE =	21	INPATIENT HOSPITAL
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	I	INPATIENT
2-275-07R	IF PLACE OF SERVICE =	19	PHARMACY
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS & SUPPLIES **OR**
		M	MAIL ORDER PHARMACY DRUGS & SUPPLIES

ELEMENT NAME:	TYPE OF SERVICE (2-280)		
VALIDITY EDITS			
2-280-01V	FIRST POSITION MUST BE = 'A', 'C', 'I', 'K', 'M', 'N', 'O', OR 'P'.		
	SECOND POSITION MUST BE = 1-9; A-M.		
	IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'.		
	IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'.		
	IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.		
RELATIONAL EDITS			
2-280-01R	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0.		
	THEN TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO CHAPTER 2, ADDENDUM F).		
2-280-02R	IF PROCEDURE CODE[1] = 92891, 92892, 92893, 92895, 92898, OR 92899.		
	AND ADJUSTMENT/ DENIAL REASON CODE CANNOT EQUAL ANY CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2		
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	P	PARTIAL PSYCHIATRIC OUTPATIENT
2-280-04R	IF PROVIDER SPECIALTY =		261QB0400X (CLINIC/CENTER BIRTHING)
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	M	MATERNITY OR
		O	OUTPATIENT
2-280-05R	IF TYPE OF SERVICE (FIRST POSITION) =	M	OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT
	THEN PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 OR V22-V24 OR V270-289)		
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		P	TAMP MEMBER OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR
		M	OUTPATIENT MATERNITY COST SHARED AS INPATIENT OR
		N	OUTPATIENT COST SHARED AS INPATIENT OR
		O	OUTPATIENT, EXCLUDING M, P OR N OR

ELEMENT NAME:	TYPE OF SERVICE (2-280) (CONTINUED)		
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS & SUPPLIES
	THEN NATIONAL DRUG CODE MUST ≠ BLANK		
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS & SUPPLIES
	THEN TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
	AND AMOUNT BILLED BY PROCEDURE CODE MUST BE ≥ $10.20 **AND** ≤ $11.48		
	AND AMOUNT PATIENT COST-SHARE MUST ≥ ZERO **AND** ≤ $9		
	AND CA/NAS EXCEPTION REASON MUST = BLANK		
	AND CA/NAS NUMBER MUST = BLANK		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND CLAIM FORM TYPE/ EMC INDICATOR MUST =	I	ELECTRONIC DRUG CLAIM SUBMISSION
	AND CONTRACT NUMBER MUST = MDA90602C0013		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND NUMBER OF SERVICES = 1		
	AND PLACE OF SERVICE MUST =	19	PHARMACY
	AND PRICING RATE CODE MUST = ZERO		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	AND PROVIDER SPECIALITY MUST =		183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS & SUPPLIES
	THEN REGION INDICATOR MUST = BLANK		

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)		
VALIDITY EDITS			
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO SECTION 2.5)		
RELATIONAL EDITS			
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA **OR**
		X	FOREIGN ADSM **OR**
		Y	CHCBP - STANDARD **OR**
		AA	CHCBP - EXTRA **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	THEN HHC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		P	TAMP MEMBER **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =	D	DISABLED AMERICAN VETERAN **OR**
		F	FORMER MEMBER **OR**
		R	RETIRED
2-285-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO
2-285-06R	IF HCC MEMBER CATEGORY CODE =	Z	UNKNOWN
	THEN TYPE OF SUBMISSION MUST =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL

ELEMENT NAME:	PAY GRADE CODE (SPONSOR) (2-291)
VALIDITY EDITS	
2-291-01V	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO SECTION 2.7)
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	PAY PLAN CODE (SPONSOR) (2-292)		
VALIDITY EDITS			
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO SECTION 2.7)		
RELATIONAL EDITS			
2-292-01R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN PAY PLAN CODE (SPONSOR) MUST =	FA	FOREIGN SERVICE CHIEFS OF MISSION **OR**
		FC	FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT **OR**
		FD	FOREIGN DEFENSE **OR**
		FE	SENIOR FOREIGN SERVICE **OR**
		FO	FOREIGN SERVICE OFFICERS **OR**
		FP	FOREIGN SERVICE PERSONNEL **OR**
		FZ	CONSULAR AGENT DEPARTMENT OF STATE
2-292-02R	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =	H	PHS **OR**
		O	NOAA
	THEN PAY PLAN CODE (SPONSOR) MUST ≠	ME	ENLISTED
2-290-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	THEN PAY PLAN CODE (SPONSOR) MUST =	ME	ENLISTED **OR**
		MO	OFFICER **OR**
		MW	WARRANT OFFICER

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)		
VALIDITY EDITS			
2-295-01V	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO SECTION 2.5)		
RELATIONAL EDITS			
2-295-01R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE[1] < 17.		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
2-295-02R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE[1] < 12		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	B	SPOUSE **OR**
		G	SURVIVING SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE

[1] **PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)		
2-295-03R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE[1] ≥ 21		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	C	CHILD OR STEPCHILD **OR**
		D	WARD (NOT COURT ORDERED) **OR**
		E	WARD (COURT ORDERED)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE MUST =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
2-295-04R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE[1] < 34		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	H	FORMER SPOUSE (20/20/20) **OR**
		I	FORMER SPOUSE (20/20/15) **OR**
		J	FORMER SPOUSE (10/20/10) **OR**
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
2-295-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER RELATIONSHIP CODE MUST CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	WARD (NOT COURT ORDERED) **OR**
		E	WARD (COURT ORDERED)
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PFPWD
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	WARD (NOT COURT ORDERED) **OR**
		E	WARD (COURT ORDERED) **OR**
		G	SURVIVING SPOUSE
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	WARD (NOT COURT ORDERED) **OR**

[1] **PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)		
		E	WARD (COURT ORDERED) **OR**
		G	SURVIVING SPOUSE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE
2-295-08R	IF HCC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		G	SURVIVING SPOUSE
2-295-10R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-REFERRED CARE **OR**
		AR	SHCP - REFERRED CARE **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/ HEALTH PLAN CODE CODE MUST =	SN	SHCP - NON-MTF REFERRED **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED

[1] **PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.**